

STATE OF INDIANA
VOCATIONAL REHABILITATION SERVICES
FINAL PLAN AMENDMENT

Applicant/Client Name: _____

PART A

Services described under your initial Individualized Written Rehabilitation Plan, effective date _____, and all subsequent amendments, are now being terminated* and your vocational rehabilitation case is being closed on the basis of a determination that:

☐ 1. You are ineligible or no longer eligible for VR services as indicated by:

- ☐ This determination will be reviewed within the next 12 months.
- ☐ This determination is not scheduled for review for the following reasons:

☐ 2. Rehabilitation has been successfully completed, as indicated by the following.

Closure Criteria	Suitable Placement
The services provided under your Individualized Written Rehabilitation Plan have contributed to the achievement of your employment outcome.	Type of employment _____
The employment outcome achieved is consistent with your strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice.	Place of employment _____
The employment outcome achieved is in the most integrated setting possible, consistent with your informed choice.	Beginning date _____ Pay rate _____
The employment outcome achieved has been maintained for a period of at least 90 days.	Determined to be suitable on the basis of:
A joint decision has been made by you and your vocational rehabilitation counselor that the employment outcome is satisfactory and that you continue to perform well on the job.	

You may be eligible for post-employment services after case closure, if such services are necessary for you to maintain, regain, or advance in employment. You are encouraged to recontact the VR agency if any problems arise regarding maintaining, returning to, or advancing on the job.

- ☐ No post-employment are planned at this time.
- ☐ Post employment will be provided

Services(s)	Anticipated Date(s)	Criteria for Evaluating Progress	Service Provider

- Individuals determined to be eligible or no longer eligible for VR services may appeal this determination by stating their desire to do so on the "Applicant/Client Statement" section of Part B (on the reverse side) and returning this form to your VR counselor. All individuals are invited to report any favorable changes which might affect their eligibility at any time in the future, regardless of whether or not appeal procedures are initiated at this time.

☐ 3. Other (please explain):

CONSULTATION

You ☐ have been consulted in the following manner/ ☐ have not been consulted for the following reason(s) regarding Plan termination and case closure:

CLIENT ASSISTANCE PROGRAM

☐ You have been informed regarding the availability of the Client Assistance Program (CAP), and the purposes and services of the CAP program have been explained to you. You may request assistance from the Client Assistance Program by contacting the CAP at the following address:

INDIANA PROTECTION AND ADVOCACY SERVICES
4701 NORTH KEYSTONE AVENUE, SUITE 222
INDIANAPOLIS, INDIANA 46205

Telephone: (317) 722-5555, or 1-800-622-4845
(Both numbers are TTY-TDD equipped)

WRITTEN NOTIFICATION

A copy of this form:

- ☐ is being provided to you, or to your authorized representative, in the most understood mode of communication.
- ☐ will not be provided to the individual, or to an authorized representative of the individual, in his/her most understood mode of communication, for the following reason(s):

TRANSFER OF GOODS

The goods purchased by the VR agency for your use which have not been returned to the agency are:

- ☐ now transferred to your ownership.
- ☐ the property of the State of Indiana, and must be returned to the agency.

PART B

Applicant/Client statements:

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Applicant/Client (or representative)	Vocational Rehabilitation Counselor
_____ Signature/Date	_____ Signature/Date